PATENT APPLICATION FEE DETERMINATION RECO									Application or Docket Number					
	PATENT	CATIC Effectiv	•	9/670419										
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
FOR			NUMBER FILED			NUMBER EXTRA			RA		FEE	7	RATE	FEE
BASIC FEE											345.00	1	225 223	
TOTAL CLAIMS			3 minus 20=			•			X\$			OR	X\$18=	000.00
INDEPENDENT CLAIMS			3 minus 3 =			•				~		1	V70	·
M	JLTIPLE DEPEN	IDENT (CLAIM PRESENT						X39	; ≢ 		OR	X78=	
* If the difference in column 1 is less than now a star war is set								+13	0=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOT	AL		OR	TOTAL	690	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMA	\LL	ENTITY	OR	OTHER SMALL		
ENT A		REM.	AIMS AINING TER DMENT		PR	HIGHEST NUMBER IEVIOUSLY PAID FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. /	2	Minus	••	20	= 0		X\$ 9	9=	1	OR	X\$18=	1
	Independent FIRST PRESE	·	3	Minus		3	= ()		X39	=	V	OR	X78=	
H	FINOT PRESE	NIAIIC	IN OF MI	JUINE DE	PEND	ENT CLAIM			+130)=		OR	+260=	X
			•					ı	TO ADDIT.	TAL		_	TOTAL ADDIT, FEE	
L	(Column 1) (Column 2) (Column 3)									ree (•	AUUI). PEEI	
AMENDMENT B		REM/	AIMS AINING TER DMENT		PA	IIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	**		=		X\$ 9	=		OR	X\$18=	
	Independent	٠		Minus'	***		=	İ	X39			OR	X78=	
\vdash	FIRST PRESE	NTATIO	ON OF MULTIPLE DEPI			ENT CLAIM		ł	+130	_		OR	+260=	
						•		L	TO	TAL			TOTAL	
	(Column 1) (Column 2) (Column 3)							Α	ODIT. F	EE L		1011	ADDIT. FEE	
		CLA	IMS	251	H	olumn 2)	(Column 3)	Г		_	ADDI-	ſ	•	ADDI-
AMENDMENT C		AF	INING TER DMENT		PRI	IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	L	RATI	Ξ	TIONAL FEE		RATE	TIONAL FEE
NON N	Total	•		Minus	••		=	Γ	X\$ 9	=		OR	X\$18=	
ME		•		Minus	***		=	t	X39:	_		OR	X78=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		\dashv				
١.,	f the entry in colum	nn 1 ís la	ss than th	a entry in colu	mn 2. 1	write "0" in col	umn 3.	L	+130			OR	+260=	
** (If the "Highest Num If the "Highest Num	nber Prev	viously Pa	id For IN THIS	S SPA	CE is less than	n 20, enter "20."	A	TOI DDIT. F			OR ,	TOTAL ADDIT, FEE	
	The "Highest Numi	ber Previ	ously Paid	For (Total or	Indep	endent) is the	highest number	lour	nd in the	арр	ropriate box	in colu	ıma 1.	1